Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		Date Stamp	CALIFORNIA 460
	from De 21 2006	Date of election if applicable? (Month, Day, Year)	JAN 24 AM 10: 47 CITY CLERK CITY OF LODI	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through Dec 311 dept	1000 1,0000	OREH PARCE CORE	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410	t	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	D. NUMBER 1267445	Treasurer(s)	D Broll	
STREET ADDRESS (NO P.O. BOX) CITY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	CODE AREA CODE/PHONE (20)368-8475	MAILING ADDRESS MAILING ADDRESS CITY NAME OF ASSISTANT TREASU MAILING ADDRESS	CA S STATE Z	35240 (203) 368 8475 TIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD		IP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ Executed on	ng this statement and to the best of my kn nia that the foregoing is true and correct. By	Signature of Controlling Officeholder, Candidate,	t Treasurer roponent or Responsible Officer of Spo	

CALIFORNIA 460

Page 2 of 12

Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	Pellie	Peul ties		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDICT	Λ	ÎZ	SUPPORT	
	CITY STATE ZIP		Identify the controlling officeholder, ca	ındidate, or s	state measure p	roponent, if any.	
Related Committees Not Included in this St	atement: List any committees		NAME OF OFFICEHOLDER, CANDIDATE, OR P	ROPONENT		-	
not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. IF	ANY	
COMMITTEE NAME	I.D. NUMBER				1	· · · · · · · · · · · · · · · · · · ·	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candidate/Officeholder(s) or candidate(s) for which the				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP	BOX) CODE AREA CODE/PHONE		Attach continua	tion sheets if	, nooneent		

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from CallFORNIA 460

through Director 11, days

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1267445 Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** 206252 1/1 through 6/30 7/1 to Date 2300.00 893.52 20. Contributions - 237,48 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 250,00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 8142.52 - 237.48 Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E. Line 4 **Candidates** 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 8529.99 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Total to Date Date of Election 250,00 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add - 237.48 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 4

Statement covers period

n hie	e instructions on reverse				from Oct 22, 2006 through Dec 21, 2006		FORM Page 4 of 15		
NAME OF FILER	Lodi Cidizens for Public Faulidies			State Control of the	. 1990 - 170 - 1894 - 189 (148	1.D. NUN /21	MBER ,7445		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAI (JAN. 1 - E	RYEAR	PER ELECTION TO DATE (IF REQUIRED)		
19, 2006	Lodi Professord Firedyliko P.O. Dex 1841 96-2479 Lodi CA 95241	□IND □COM □OTH □PTY □SCC	egri (m. 1900) om se ezergentetek et Liden old (telepelinger) organistet itt gened 1900) geski (m. 1900) organistet (telepelinger) Han Beskiller (telepelinger)	1,300 Sorsium	ELEC ON	Orang Table	rican Spinisengs ax Spinis		
EFFE LEFE LIPE TO SEE		□IND □COM □OTH □PTY □SCC	et gegorg til se fost trouen eggg issærenty treerop sige octubelige paling skylerotst						
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ochiani.	The second of th	□IND □COM □OTH □PTY □SCC	ng ngang na mga galan Kata Sanggan na mga mas Kata Canangan na mga mas Ngangan		parijužu sij Sugaraji Sugaraji Sugaraji				
Chr.		□IND □COM □OTH □PTY □SCC		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9					
			SUBTOTAL	\$ 1300,00					
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$_ \$100 \$	1,300 - 762.52		(other	al ent Committee than PTY or SCC) (e.g., business entity)		
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			206252	٤	SCC – Small (Contributor Committee Form 460 (January/0		

Sched	ule	B-	Pai	rt 1
Loans	Rec	eive	ed	

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 1				
n ON II, Jul	CALIFORNIA 460				

Loans Neceived				. 1 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	from	-	FURIVI	(1)的主题 "我是是一
					through Dec	31,2006	Page 5	of 12
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					tillough		I.D. NUMBER	01
Lodi Cidizens La Pul	lic Focilidies						126749	15
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
od Professional Fire Syldio				PAID				CALENDAR YEAR
D. Box 1841 96-2479	4.2	i inte		s / 000	_ s	%	,2300	5 2,300
udi CA 95241				FORGIVEN		RATE		PER ELECTION**
† IND COM OTH PTY SCC		\$ 2,300	\$	s 1,300	DATE DUE	\$	DATE NCURRED	s
				PAID				CALENDAR YEAR
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TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
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		SUBTOTALS	\$	\$ 2,300	\$	\$	10000000000000000000000000000000000000	
Schedule B Summary				्र १		(Enter (e) on Schedule E, Line	3)	
Loans received this period			Codef English Indiana	\$	Ø			
(Total Column (b) plus unitemized loans	s of less than \$100.)			William .		_	†Contributor Code)S
And the state of t				2	2300		IND - Individual COM - Recipient C	Committee
Loans paid or forgiven this period (Total Column (c) plus loans under \$100	O paid or forgiven.)			Ψ	,		(other than	PTY or SCC)
(Include loans paid by a third party that	t are also itemized on Sche	dule A.)			ouer pingræjituer von 1900 og 1		OTH - Other (e.g PTY - Political Pa	
Net change this period. (Subtract Line				NET \$	- 2,300		SCC-Small Cont	
Enter the net here and on the Summar	v Page, Column A, Line 2.				(May be a negative number)	*		

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 2 Loan Guarantors

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from Ov 22, 2001

through Dec 21, 2001

Page 6 of 12

I.D. NUMBER

NAME OF FILER Lodi Civizens	for Pill:	· Fecilities	en gang man en gang arb <mark>iga</mark>			1267	445
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
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Meportal in good many in this or and set	□IND		LENDER			CALENDAR YEAR	
	□сом		DATE			PER ELECTION (IF REQUIRED)	g Her Grant 1995 f
	□PTY					\$	
			SI	JBTOTAL	\$ 2	Enter on Summary Page, Line 17 only.	

Schedule C **Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA

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SEE INSTRUCTION	ONS ON REVERSE				throu	igh Dec 3/	2000	Page) of
NAME OF FILER	Lodi Citizens	En P	islic Fecilities					1.D. NUMB 12	ER 67445
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
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Attach add	ditional information on appropriately labe	eled continua	tion sheets.	CHERRIS SUBT	OTAL	\$			
Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business ent) PTY – Police Contributor Committee							I nt Committee han PTY or SCC) e.g., business entity) Party		
3. Total nor	nmonetary contributions received this period les 1 and 2. Enter here and on the Summar	l. y Page, Colun	nn A, Lines 4 and 10.)	тот	AL \$_			- Cilian o	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from Oct 22, 201 Page 8 of 12

I.D. NUMBER

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	□ Support □ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	en e			
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			SUBTOTAL \$			

2. Unitemized contributions and independent expenditures made this period of under \$100\$

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E	
Payments Made	9

Type or print in ink. Amounts may be rounded to whole dollars

	SCHEDULE E
Statement covers period	CALIFORNIA 460 FORM
through Dec 31, 2006	Page of
	I.D. NUMBER
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NAME OF FILER Lodi Cilizins La Pi	blic Fect. dies		ARTONO LAS CARLANIOS	et Zanden i den nigel et e	1.D. NUMB	
CODES: If one of the following codes accurately do CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations L candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (expl LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and selain)* POS postage, del	nmunications d appearances nses llating	per services	ise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salarie t.v. or cable airtime and production returned contributions SAL campaign workers' salarie t.v. or cable airtime and production recommendate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration WEB information technology cost	es roduction costs and meals g, and meals ees of the same	order agent of the company of
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Payments that are contributions or independent expen	ditures must also be sumn	narized on Sched	ule D.		SUBTOTAL\$	
Schedule E Summary						
1. Itemized payments made this period. (Include all Se						9/12
2. Unitemized payments made this period of under \$1						10.6/
 Total interest paid this period on loans. (Enter amountained) Total payments made this period. (Add Lines 1, 2, and 2) 	unt from Schedule B, Part	1, Column (e).)	one Columns A	ling (C.)	\$	95.67
4. Total payments made this period. (Add Lines 1, 2,	and 3. Enter here and on	tne Summary Pa	age, Column A,	Line 6.) 1	OIAL 9	14.61

SCHEDNIEF

B	\$ SJATOT GIA9		als for payments on enses under \$100.)	edule F, Column (c) subtol sayments on accrued expo	2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p
	SRED TOTALS \$_		(.0018	ccuned expenses under	Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Sa accrued expenses of \$100 or more, plus total unitemized a
	\$	\$ mily reasonables	\$ minimus at income.	SUBTOTALS	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
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09b AINAO MA		Statement covers Month	Pierra Hasan Receipt	Type or print in ink, Amounts may be rounde to whole dollars,	Schedule F Accrued Expenses (Unpaid Bills)

on the Summary Page, Column A, Line 9.)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

chedule H oans Made to Others*	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 0 CV JJ, J 60	california 460
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SEE INSTRUCTIONS ON REVERSE					3)		
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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES: THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
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Constitution of the Consti	Sentones Sentones			PAID		97		CALENDAR YEAR
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			\$ <u></u>	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E.	ate or committee s forgiven must	SUBTOTALS	\$	\$	\$	\$		

(Enter (e) on Schedule I, Line 3)

Schedule H Summary	8	
Loans made this period (Total Column (b) plus unitemized loans of less than \$100.)	\$	**If Required
	\$	
Payments received on loans (Total Column (c) plus unitemized payments of less than \$100.)	\gamma_	
3. Net change this period. (Subtract Line 2 from Line 1.)	NET \$ (May be a negative number)	

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE	Type or prir Amounts may to whole d	oe rounded	statement covers period from Oct Id, Lwil through Dec II, Lwil	CALIFORNIA 460 FORM of 12
NAME OF FILER Lich City 20-1	Public Feculiaries			1.D. NUMBER 1267446
DATE FULL NAME AND ADDR RECEIVED (IF COMMITTEE, ALSO EN		DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
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		AND THE STATE OF T	Red in elektropiere & knowe es en en en en en en en en a Verber vier in en en en en en en en e	
Attach additional information on appropriately labeled co	ontinuation sheets.		SUBTOTAL	\$
Schedule I Summary 1. Itemized increases to cash this period	periodnade to others. (Schedule H, Column	(e).)	\$ <u>&</u> \$	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)